

IN HOUSE USE ONLY

Date Received: _____

Reviewed By: _____

Approved By: _____

PCSP# Assigned: _____

PRECONSTRUCTION SALES PROJECT NOTICE

KRS 367.958. Sale of mausoleum or underground crypts or columbaria. (1) Every person before engaging in a sale, contract for sale, reservation for sale or agreement for sale of a mausoleum crypt within a mausoleum, underground crypt within a crypt section, or columbarium niche within a mausoleum prior to the completion of the construction thereof, shall give notice in writing to the attorney general of the commencement of such sale at least thirty (30) days prior thereto and register with the attorney general. Such registration shall be on forms provided by the attorney general.

Attached is a copy of the laws regarding pre-construction sales projects. Please note the fees due the Attorney General's Office referenced in KRS 367.958(13). These fees are in addition to the consumer security fees due under 367.964(1). Please notice also that there are separate trust deposits required by KRS 367.958(4) for pre-construction projects. This deposit is required in addition to the required perpetual care deposits.

Please fill out one form for each project. This form must be signed by the president of the corporation or the owner of the unincorporated entity that owns the property where the project will be constructed.

GENERAL INFORMATION

1. PARENT COMPANY NAME: _____

2. CEMETERY NAME: _____

3. PROJECT NAME: _____

(Project name must be provided and referenced on all sales contracts specifically.)

If there is an internal project identification number, please provide it: _____

4. CEMETERY TELEPHONE NUMBER: _____

5. LOCATION: _____

Street Address, Post Office Box

City, County, State, Zip Code

6. MAILING ADDRESS (if not the same): _____

7. DATE SALES BEGAN (OR WILL BEGIN) ON THIS PROJECT: _____

8. Please furnish the name and address of the financial institution where the pre-construction trust fund will be held, or attach a good and sufficient bond by a surety company licensed to do business in Kentucky in an amount sufficient to cover all payments made by or on account of purchasers who have not received the purchased property and services.

Name: _____

Street Address: _____

City, State, Zip Code: _____

Account/Bond Number: _____

PROJECT INFORMATION

1. Type of Construction Project:

_____ Mausoleum

“Mausoleum” means a building or structure substantially exposed above ground used or intended to be used for the entombment of human remains, which is sold or offered for sale to the public.

_____ Columbarium

“Columbarium” means a structure or building substantially exposed above ground intended to be used for the inurnment of cremated remains and sold or offered for sale to the public.

_____ Underground Lawn Crypts

“Underground crypt” means a single unit entombment space in preplaced chambers below ground and also known as lawn crypt, westminister turftop mausoleum or below ground crypt. “Bank of underground crypts” means any construction unit of twenty or more underground crypts designed as a part of a below ground crypt program, whether physically connected or not, having a common drainage system.

2. Number/type (i.e. single crypts, tandem crypts, niches) of units to be sold: _____

3. Gross selling price (range) of units: _____

4. Date construction is scheduled to begin: _____

5. Name of contractor: _____

6. **You must attach a project cost estimate sheet and either a site plan showing exact dimensions of the construction site with scaled drawings of existing buildings (or landmarks) for mausoleum projects or a sales chart map for lawn crypt projects which identifies each lot by number.**

7. Location of Project in the Cemetery:

8. Please provide the locations where temporary entombment or inurnment will be offered:

Garden: _____

Garden: _____

9. Do you have any other pre-construction sales project at this location? YES NO

If yes, provide PCSP numbers and project names for each. If you need additional lines, please list additional projects on the back of this sheet and so note here.

Project Name: _____

PCSP # : _____

Project Name: _____

PCSP # : _____

10. If you are eligible for self-construction pursuant to KRS 367.958(4), please provide a certified statement regarding the projects you have constructed in the past using primarily equipment owned by the entity and your own personnel with a minimum of subcontracting and provide the following information:

Name of construction company: _____

Part to be subcontracted: _____

Cost of subcontracted part: _____

Subcontractors: _____

STATEMENT OF COMPLIANCE

_____ agrees to deposit payments of money in compliance with Kentucky's cemetery and pre-need funeral laws. I state under penalty of law that the above information is true to the best of my knowledge, and I agree to notify the Attorney General immediately of any change in the above information. I represent that I am not insolvent, nor have I conducted business in a fraudulent manner and that I am duly authorized to do business in this state. I agree that the registration, if granted, may be revoked if I violate any laws of Kentucky pertaining to trust funds or contracts or violate any rules or regulations of the Attorney General

affecting said funds or contracts. I state that I am authorized to complete this form on behalf of the cemetery company.

This the _____ day of _____, 19____.

Signature of Applicant

Title or Position Held

Subscribed and sworn to before me this the _____ day of _____, 19____.

Notary Public

My commission expires:_____

RETURN THIS REPORT TO:

Cemetery and Funeral Home Section
Consumer Protection Division
Office of the Attorney General
1024 Capital Center Drive
Frankfort, KY 40601-8204

The Office of the Attorney General(OAG) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of services. The OAG provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. The OAG intends that no person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity operated by the OAG. The OAG intends to bind all entities operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

Please notify the OAG/ADA and Title VI Coordinator, Room 34, Capitol Building, Frankfort, KY 40601, (502) 696-5300 at any time to report discrimination. Office hours are 8:00AM to 5:00PM.

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